**Alleghany County Schools**

**Referral/Eligibility Form**

**Academically Gifted Program**

Student: School:

Gender: \_\_\_\_\_\_\_ Race:\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_ Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This process reflects the use of multiple indicators of giftedness to be considered in the eligibility for services decision. Complete relevant areas and attach appropriate documentation for review by the Academically Gifted Review Team.

Date Submitted:

Purpose:

* Initial
* Re-evaluation
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the academic area(s) being considered for differentiation.

* Reading
* Math
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Observation:**

Please attach Teacher Checklist if test data is unavailable.

Ratings on Teacher Checklist:

* Seldom
* Sometimes
* Frequently

**Aptitude Scores**:

Test: Date: Age-Level Percentile Score

Test: Date: Age-Level Percentile Score

**Achievement Scores**:

Level| %tile

Reading: EOG: \_\_\_\_\_\_| \_\_\_\_\_\_\_Date: Writing: Score: \_\_\_\_\_\_ Date:

Math EOG: \_\_\_\_\_\_|\_\_\_\_\_\_\_ Date:

Reading: EOG: \_\_\_\_\_\_|\_\_\_\_\_\_\_ Date: Other standardized assessment:

Math: EOG: \_\_\_\_\_\_|\_\_\_\_\_\_\_ Date: Date

**Performance** (Subject Averages for at least two years if available):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year \_\_\_\_\_\_\_\_\_\_\_\_** | | **Year \_\_\_\_\_\_\_\_\_\_\_\_** | | **Year \_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Reading** | **Math** | **Reading** | **Math** | **Reading** | **Math** |
|  |  |  |  |  |  |

**Interest:**

Statement of student’s interests/Interest Survey:

**Motivation:**

Statement of student’s motivation to learn/Motivation Survey:

Referral/ Eligibility Form (Part 2)

**Academically Gifted Review Team Decisions**

* No services recommended at this time
* Differentiated services recommended

(See Differentiated Education Plan)

* Further information needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Send Parent Permission to Test

Other comments:

**Academically Gifted Review Committee Members**

Signatures/Title Date

(If committee is reconvened)

Signatures/Title Date

**Administrative Approval** (Initial Placement)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal: Date

Alleghany County Schools AG Coordinator Date